**Work Placement Summary Sheet**

* Sections A, B and C to be completed by the school, in consultation with the student and a signed version forwarded to the host employer.
* Sections D and E are then to be completed by the host employer signed and returned to the school contact person directly or via the student. The host employer should retain a completed version for their records.

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| 1. **Student Details** | 1. **Parent/Guardian Details** |
| **Student’s Name:** | **Parent/Guardian Name:** |
| **Student’s Class:**  **Student Address:** | **Parent/Guardian Address:** |
|  | **Parent/Guardian mobile number:** |
| **Student has personal accident cover: 🞎 Yes 🞎 No** | **Parent/Guardian work number:** |
| **Relevant student medical conditions:** | |
| **Start date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| 1. **School Details** | |
| **School Name: Cresent College Comprehensive SJ** | **School Phone Number: 061 229655** |
| **School Address: Dooradoyle**  **Limerick V94 W6W8** | **School Email**: [info@crescentsj.com](mailto:info@crescentsj.com)  **Contact Person Work Email:** [info@crescentsj.com](mailto:louise.walsh@ramsgrangecommunityschool.ie) |
| **Contact person name:**  **Ita Danaher, Peter Moloney, Dermot Cowhey** | **Contact person work phone number: 061 229655** |
| **School insurance details** | **State Indemnified** |

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| 1. **Host Employer Details (to be completed by Host Employer)** | |
| **Host employer:** | **Host employer phone number:** |
| **Host employer address:** | **Contact person name:** |
| **Contact person role:** |
| **Contact person phone number:** |
| **Contact person email:** |
| **Host employer insurance details:** | The host employer has employers has Employers liability and Public liability cover in place **🞎 Yes 🞎 No**  The school may request copies of such insurance documentation |

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| 1. **Placement Details(to be completed by Host Employer)** | |
| **Placement Programme:** | |
| **Type of work placement:** | **Hours of work:** |
| **Description of tasks to be performed:** | |

**Please confirm that the following documents have been provided to the host employer:**

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| **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **Student** |  | **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **Parent/Guardian** |

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| **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **School contact person** |  | **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **On behalf of the Host Employer** |